DPD PLAN TAG	
EINANCIAL DESDONSIBILITY STATEMENT	

roject Address:			
Property Owner Name:			
Company Name:			
Address (PO Box not acceptable):		Zin Cada	
City: Stat Phone:	e: Fax:	Zip Code:	
i none.	I un.		
Property Owner's relationship to the project:	☐ Developer☐ Owner☐ None	☐ Lessor ☐ Seller Other:	
Applicant (Project Owner)			
Company Name:			
Address (PO Box not acceptable):			
City Stat	e:	Zip Code:	
Phone:	Fax:		
Applicant's relationship to the project:	☐ Property Owner☐ Contractor Purchas☐ Condemnor	Lessee Rezone Pe	etitioner
NANCIAL RESPONSIBILITY ACCEPTANCE: roperty Owner:, declar	re under penalty of perjury	under the laws of the	State of Washin
, declar at I am the Owner of the above referenced prowner, (bus omplete, and that I have authority to bind the Owner's address whether the permit is issued owner's address changes at any time before DF amediately notify DPD of the new address.	perty, or the siness entity), that the into wher to this statement. Our or whether the application PD has received full payme	formation provided he wner will pay all perm is canceled before per ent for all fees billed o	(relationship) or erein is correct it fees for the a rmit issuance. I
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